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EXAMINER	
SIMS, JASON M	
ART UNIT	**PAPER NUMBER**
1631	

DATE MAILED: 12/14/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/686,263	SYROID ET AL.	
	Examiner	Art Unit	
	Jason M. Sims	1631	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *09 August 2006*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *6-49* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *6-49* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Applicant's amendment to the claims filed 8/9/2006 is acknowledged and has been entered.

Claims 6-49 are the current claims hereby under examination.

Claim Rejections - 35 USC § 112 First

The following is a quotation of the first paragraph of 35 U.S.C. 112:

> The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 6-49 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter, which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention.

Claims 6, 14, 15, 16, 20-22, 25-26, 29, 31-35, 42-43 and 46 all contain the amendend wording "probability of effectiveness," which has been found to be New Matter. Applicant has not pointed to support in the instant specification and support has not been found for the claimed invention, which is a drug delivery system and a display monitor that is capable of depicting a modeled, present, past or future "probability of effectiveness." The specification supports a system comprising a display monitor, which depicts modeled, present, past, or future concentrations, but does not support a system comprising a display monitor, which depicts modeled, present, past, or future probability of effectiveness.

Claim 14 and 21 contain the amended wording "causing the subject to lose consciousness; eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain; or causing a measurable level of muscle relaxation," which has been found to be New Matter. Applicant has not pointed to support in the instant specification and support has not been found for the claimed invention, which is a drug delivery system and a display monitor that is capable of depicting a modeled probability of effectiveness of at least one drug in a subject "causing the subject to lose consciousness; eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain; or causing a measurable level of muscle relaxation." The specification supports a system comprising a display monitor, which depicts a modeled concentration of at least one drug in a subject, but does not support a system comprising a display monitor, which depicts a modeled probability of effectiveness "causing the subject to lose consciousness; eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain; or causing a measurable level of muscle relaxation."

Claim 18 contains the amended wording "there is a ninety-five percent probability" with reference to a concentration having a desired effect, which has been found to be New Matter. Applicant has not pointed to support in the instant specification and support has not been found for the claimed invention of a system, wherein the drug display monitor depicts a line representing a concentration at which "there is a ninety-five percent probability" the at least one drug will have a desired effect.

Claim 31 contains the amended wording "the probability of effectiveness respectively including at least two of a probability of causing the subject to lose consciousness, a probability of eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain, and a probability of causing a measurable level of muscle relaxation in the subject," which has been found to be New Matter. Applicant has not pointed to support in the instant specification and support has not been found for the claimed invention, which is a drug delivery system, a display monitor, and a processor, which is configured to model at least present and future probability of effectiveness of at least two anesthetic agents selected from a group wherein "the probability of effectiveness respectively including at least two of a probability of causing the subject to lose consciousness, a probability of eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain, and a probability of causing a measurable level of muscle relaxation in the subject." The specification supports a system comprising a system, a display monitor, and a processor configured to model at least present and future concentrations of at least two anesthetic agents selected from a group, but does not support a system comprising a display monitor and a processor configured to model at least present and future probability of effectiveness of at least two anesthetic agents selected from a group wherein "the probability of effectiveness respectively including at least two of a probability of causing the subject to lose consciousness, a probability of eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain, and a probability of causing a measurable level of muscle relaxation in the subject."

Claim 35 contains the amended wording "probability of desired effectiveness," which has been found to be New Matter. Applicant has not pointed to support in the instant specification and support has not been found for the claimed invention, which is a system for modeling a "probability of desired effectiveness." The specification supports a system for modeling a concentration, but does not support a system for modeling a "probability of desired effectiveness."

Claims 7-13, 17, 19, 23-24, 27-28, 30, 36-41, 44-45, and 47-49 are rejected as being dependent from a rejected claim.

Claim Rejections - 35 USC § 112 Second

The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter, which the applicant regards as his invention.

Claim 35 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim 35, line 1-2, recites "a system for modeling a probability of desired effectiveness of at least one drug in a subject" in the preamble while the method steps, lines 3-7, are directed to a final step, which outputs to a display a modeled concentration of the at least one drug in reference to at least once concentration at which the at least one drug will have a desired effect on a known percentage of a population, which causes claim 35 to be vague and indefinite. The metes and bounds of claim 35 is not clear because it is not clear whether the preamble reciting "a system

for modeling a probability of desired effectiveness of at least one drug in a subject", or the method steps control the metes and bounds of said claim 35.

Claims 38-40 and 47-49 are rejected for being dependent from a rejected claim.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

The factual inquiries set forth in *Graham* **v.** *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

Claims 6 and 8-10, and 12-13, 15, 20-21, and 41-43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Howson U.S. Patent Number 5,088,981 in view of Johnson et al U.S. Patent Number 5,522,798.

The claims are drawn to a system for data representation comprising a drug delivery system, a data stream device and a drug display monitor.

Howson et a1 ('981) discloses a system for data representation comprising a drug delivery system (52, 54) a data stream device (50) in communication with the drug

delivery device system (52, 54) and a drug delivery display monitor (28), in communication with a data stream device (50), see figures 1 and 2. Furthermore, Howson et al ('981) discloses that the drug delivery system comprises a simulator, which simulates bolus, infusion and anesthetic drug administration (col. 4 line 3). Moreover, Howson et al ('981) discloses a drug display monitor (28) comprising a data decoder (20) receiving data from the data stream device (50); a dosage calculator (32) receiving decoded data from the data decoder; a drug modeler (26) and normalizer (24) receiving calculated data from the data decoder; a storage device (16), receiving drug and dosage data from the drug modeler and normalizer; and a display generator (28), wherein the display generator produces a display of more than one drug dosages, drug name, past, present and predicted drug site concentration and effect site concentration in three-dimensional form and a system for data representation comprising a processor (16), computing drug models, producing an internal representation of drug display data and decoding a data stream; a memory unit in communication with the processor; a graphics adapter (24c) in communication with the processor and a display monitor in communication with the graphics adapter, see figures 1 and 2 and col. 13, 14 and 15. Additionally, Howson et al ('981), at col. 7, lines 5-65 discloses how the drug concentrations and dosages are calculated based on information obtained from databases, in real time, that include patient history information, drug database information, and pharmacokinetic algorithms to provide accepted drug dosage ranges, drug to drug interaction, and mathematical support for dose-response information, which represents a monitor that is configured to depict, in real time, a present probability

of effectiveness of at least one drug introduced into the subject by the drug delivery system and future probabilities of effectiveness of the one or more drugs in the subject. Moreover, a monitor that is configured to depict present and future drug dosages, which uses databases and algorithms to aid in calculating a proper drug dosage, is depicting a probability of effectiveness in the form of a drug dosage. The calculated drug dosage for a particular patient is based on that patient's history information, which may include past treatment history in coordination with drug database information and pharmacokinetic algorithms, and the result is a proper drug dosage to be delivered to cause a particular drug concentration in the patient, which has a particular real-time probability of effectiveness based on current and past available data. Howson et al ('981) further discusses at col. 10, lines 55-67 and col. 12, lines 20-66, the design of profiles for patient drug delivery and how these profiles, when complete, have the computer validate the profile to ensure that arithmetic, procedural, or conceptual errors have not been made, and the profile can even be simulated or tested in software prior to the instructions being executed, which reads on the amended phrase "probability of effectiveness." Howson et al ('981), at col. 15 and 16, further discloses a system that can be used to manage each of the infused drugs and other drugs as well and the user can ask the computer to use pharmacokinetic algorithms to help derive optimum profiles for the patient. The system is a comprehensive medication management system, which is configured to depict, in real time, a present probability of effectiveness of at least one drug introduced into the subject by the drug delivery system and future probabilities of effectiveness of the one or more drugs in the subject.

Howson et al fails to explicitly disclose that the drug monitor is configured to depict past, predicted and real-time probability of effectiveness.

Johnson et al discloses a similar device, which graphically depicts past, predicted, and real-time drug concentrations (col. 17. line 44 and col. 12 line 9), which is an obvious form of a past, predicted, and real-time probability of effectiveness. Johnson et al., at col. 7, discloses how these concentrations are calculated based on drug data that may be uploaded, patient history data, or PK model data, all of which are used to calculate and deliver a particular drug concentration. The data that the calculations are dependent are based on correlations between concentrations and effectiveness. A patient's history data helps establish a record of what concentrations had what effects on a patient and enable a prediction of a concentration and an expected probability of effectiveness to be calculated based on this data, drug data, or PK model data. In other words, a display of a past, predicted, or real-time concentration of a drug, is a display of a past, predicted, or real-time probability of effectiveness since the calculations are based on known data that correlates concentrations, time, and effectiveness. Therefore, a drug monitor that graphically depicts past, predicted, and real-time drug concentrations are necessarily configured to depict, in real time, a present probability of effectiveness of at least one drug introduced into the subject by the drug delivery system and future probabilities of effectiveness of the one or more drugs in the subject. Moreover, Johnson et al teaches that the display monitor is configured to depict a percent likelihood that the at least one drug has a desired effect based on results from a

predefined population that is at least ninety-five percent of the population and wherein a plurality of inputs includes the height and weight of the subject (see col. 15 line 60).

It would have been obvious to one having ordinary skill in the art at the time of invention by applicant to modify the device of Howson et al by incorporating the graphical drug concentration display of the type taught by Johnson et al in order to give the physician information in evaluating the need for changes in the desired drug concentration set point (col. 17 line 49).

Claims 7 and 11 are rejected under 35 U.S.C. 103(a) as being unpatentable over Howson et al ('981) in view of Teeple Jr. U.S. Patent Number 5,925,014.

The claims are drawn to a system for data representation comprising a drug delivery system, a data stream device and a drug display monitor, wherein the drug delivery system comprises an infusion pump, a gas administration machine, and one or more bolus injection apparatus and the simulator simulates anesthetic drugs.

Howson et al ('981) discloses the drug delivery system as described above in reference to claim 6 and further comprising an infusion pump (14 see col. 10 line 13). Howson et al ('981) fails to disclose an anesthetic administration machine and one or more bar coded syringes. Teeple Jr. discloses an anesthetic administration machine (30 see figure 3); and one or more bar coded syringes (31-33 see figure 3). It would have been obvious to one having ordinary skill in the art at the time of invention by applicant to modify the drug delivery system of Howson et at ('981) by incorporating anesthesia administration and bar coded syringes as taught by Teeple Jr. ('014) in order

to insure that the proper drug mix is achieved, reducing if not eliminating the possibility for human error (Teeple Jr. col. 4 line 67).

Claims 14, 22-34, 35-40, and 44-49 are rejected under 35 U.S.C. 103(a) as being unpatentable over Howson et al in view of Johnson et al and further in view of Teeple Jr. Howson and Johnson disclose the device as described above, but fail to explicitly disclose that the components are sedative, neuromuscular blocker, anesthetic agents, and analgesic agents (col. 10 line 27 and col. 1 line 19) and that the display monitor configured to depict a present probability of effectiveness is one wherein the effectiveness of at least one drug in a subject at: causing the subject to lose consciousness; eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain; or causing a measurable level of muscle relaxation. Anesthetic agents, which would be administered for purposes of anesthesia represent a probabililty of effectiveness on a subject at: causing the subject to lose conciousnes and eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain. Anesthesia, as evidenced by google, is either local, general, or regional and the desired effects of anesthetic agents at the local, general, or regional level is evidenced by the definitions of general, local, and regional anesthesia; such as "General anesthesia puts the patient to sleep," (i.e. loss of consciousness) "local anesthesia numbs a specific body part. Regional anesthesia, such as spinal anesthesia and epidural anesthesia, numbs the nerves that conduct sensation to a circumscribed body area." Therefore, a system that comprises a display monitor configured to depict drug concentrations, which represent a

probability of effectiveness, where the drugs are anesthetic agents, represents drug concentrations with a probability of effectiveness where that effectiveness includes a subject at: causing the subject to lose conciousnes and eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain.

It would have been obvious to one having ordinary skill in the art at the time of invention by applicant to modify the device Howson in view of Johnson by adding the sedative, analgesic and neuromuscular agents as taught by Teeple Jr. in order to make a more effective drug delivery system.

Double Patenting

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

Claims 6-12 and 14 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting over claims 6-11, 15, and 19 of copending

Application No. 10/269422 in view of Johnson et al (US P/N 5,522,798). This is a provisional double patenting rejection since the conflicting claims have not yet been patented.

Howson et al fails to explicitly disclose that the drug monitor is configured to depict past, predicted and real-time probabilities of effectiveness. Johnson et al discloses a similar device, which does graphically depict past, predicted and real-time drug concentrations (col. 17. line 44 and col. 12 line 9), which read on past, predicted and real-time probabilities of effectiveness. Johnson et al., at col. 7, discloses how these concentrations are calculated based on drug data that may be uploaded, patient history data, or PK model data, all of which are used to calculate and deliver a particular drug concentration. The data that the calculations are dependent are based on correlations between concentrations and effectiveness. A patient's history data helps establish a record of what concentrations had what effects on a patient and enable a prediction of a concentration and an expected probability of effectiveness to be calculated based on this data, drug data, or PK model data. In other words, a display of a past, predicted, or real-time concentration of a drug, is a display of a past, predicted, or real-time probability of effectiveness since the calculations are based on known data that correlates concentrations, time, and effectiveness. Therefore, a drug monitor that graphically depicts past, predicted, and real-time drug concentrations are necessarily configured to depict, in real time, a present probability of effectiveness of at least one drug introduced into the subject by the drug delivery system and future probabilities of effectiveness of the one or more drugs in the subject. Moreover, Johnson et al teaches

that the display monitor is configured to depict a percent likelihood that the at least one drug has a desired effect based on results from a predefined population that is at least ninety-five percent of the population and wherein a plurality o inputs includes the height and weight of the subject (see col. 15 line 60).

It would have been obvious to one having ordinary skill in the art at the time of invention by applicant to modify the device of Howson et al by incorporating the graphical drug concentration display of the type taught by Johnson et al in order to give the physician information in evaluating the need for changes in the desired drug concentration set point for a more accurate probability of effectiveness(col. 17 line 49).

This is a provisional obviousness-type double patenting rejection.

Response to Arguments

Applicant's arguments filed 8/9/2006 have been fully considered but they are not persuasive.

Applicant argues that neither Howson nor Johnson taken either alone or together, teaches or suggests each and every element of any of these claims. Applicant specifically states that these references do not teach the amended independent claims 6 and 14 wherein the drug display monitor is configured to depict a probability of effectiveness of at least one drug.

This argument is not persuasive because it is the nature of a 35 USC 103 rejection to state that one reference is deficient in some element of the claim, but that another reference teaches this deficient limitation and show that there is motivation to combine the two or more references to cover every element and limitation in the

claim/claims. Applicant argues that the combined references fail to meet every limitation due to the amendment as stated above. Applicant further states that the references teach a display monitor to depict raw concentration data, but further argue this would not provide the same type of easy-to-understand indicator of the effectiveness of the drug on a subject. The limitation wherein the drug display monitor is configured to depict a probability of effectiveness of at least one drug broadly reads on any type of display that depicts any type of probability of effectiveness. This limitation does not just read on a specific easy-to-understand indicator, but any type of indicator that deals with a probability of effectiveness. It has been clearly shown in the rejection stated above, that the raw concentration data that is displayed in the cited references is data that has been calculated based on some type of prior data or mathematical operations such as; drug database data, patient history database information, PK model data, pharmacokinetic algorithms, etc., which are incorporated into the calculation to determine the proper drug dosage to be delivered because of a probability of effectiveness. Therefore, displaying the raw concentration data or the drug dosage data and concentration data is displaying a form of a probability of effectiveness of at least one drug on a subject. A drug dosage determination would not be made for an amount, which would not have some type of probability of effectiveness.

Applicant further argues with respect to amended claim 14 that the references do not teach or suggest the amended limitation of a system with a drug display monitor that is configured to depict a probability of effectiveness of at least one drug at causing a subject to lose consciousness, at eliminating or blocking laryngoscopy pain, incision

pain, or intraoperative pain, or at causing a measurable level of muscle relaxation in the subject.

Applicant's argument is not persuasive because it has been clearly shown in the above instant rejection that a display monitor that depicts concentration data of anesthetic agents and their dosage or concentration, clearly depict a probability of effectiveness of at least one drug at causing a subject to lose consciousness, at eliminating or blocking laryngoscopy pain, incision pain, or intraoperative pain as evidenced by the definition of anesthesia, which is the goal of anesthetic agents.

Applicant further argues that neither reference discloses a normalizer.

This argument is not persuasive because it has been shown that Howson et al. in fig. 24 and at col. 7, lines 4-16 discloses an assistive program to determine inconsistencies, which reads on a normalizer.

Applicants further argue for the allowance of dependent claims 15, 20-30, 31-34, 36, 37-40, and 44-49 because of their dependence from independent claims with newly applied amendments, which have been argued as overcoming prior art rejections

This argument is not persuasive because it has been clearly shown that the newly entered amendments do not overcome the prior art rejections as stated in the instant rejections above.

Applicant argues that claims 6, 8-10, 12-19, 22-30, 35, 36, or 41-49 would not be taught in the references and one of ordinary skill in the art would not have motivation to combine the references without the benefit of hindsight.

In response to applicant's argument that the examiner's conclusion of obviousness is based upon improper hindsight reasoning, it must be recognized that any judgment on obviousness is in a sense necessarily a reconstruction based upon hindsight reasoning. But so long as it takes into account only knowledge which was within the level of ordinary skill at the time the claimed invention was made, and does not include knowledge gleaned only from the applicant's disclosure, such a reconstruction is proper. See *In re McLaughlin*, 443 F.2d 1392, 170 USPQ 209 (CCPA 1971).

Conclusion

No claims are allowed

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Jason Sims, whose telephone number is (571)-272-7540.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Andrew Wang can be reached via telephone (571)-272-0811.

Papers related to this application may be submitted to Technical Center 1600 by facsimile transmission. Papers should be faxed to Technical Center 1600 via the Central PTO Fax Center. The faxing of such papers must conform with the notices published in the Official Gazette, 1096 OG 30 (November 15, 1988), 1156 OG 61 (November 16, 1993), and 1157 OG 94 (December 28, 1993) (See 37 CFR § 1.6(d)). The Central PTO Fax Center number is (571)-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

// Jason Sims //

// December 2008

JOHN S. BRUSCA, PH.D
PRIMARY EXAMINER